How to submit a **REIMBURSEMENT CLAIM** in Iowa Grants

You will be required to complete ALL sections of this online form even if your reimbursement claim is ONLY for equipment or ONLY for overtime, etc.

Components

Complete each component of the Claim and mark it as complete. Click Submit when you are done.

Name
General Information
Contract Information
Overtime Spreadsheet
Equipment Accountability Report
Travel Reimbursement
Claim Supporting Documents
Total Reimbursement

- Go to www.iowagrants.gov and log in

- Click on **My Grants** and then select grant for current fiscal year

- Click on **Claims**

- Click on **Add** at the top of the page

Menu | Help | Log Out   Back | Print | Add | Delete | Edit | Save

Grant/Project Tracking

Grant/Project: 375962 - Teamville - 2021

Status:	Underway
Program Area:	GTSB Test Program
Grantee Organization:	Grant Testing, Department of
Program Officer:	Sheri Lyn Krohn
Awarded Amount:	$112,850.00

- Select **Reimbursement** from the Claim Type drop down menu

- Click on the calendar icon to enter your **Report Period** start and end dates

- Click **Save** in upper right corner

Menu | Help | Log Out   Back | Print | Add | Delete | Edit | Save

Grant Tracking

Claim General Information

To create a new Claim enter the starting date and the ending date of the Report Period. This is the period of coverage for this Claim.

Claim Type:*   Reimbursement

Report Period   10/01/2020   10/31/2020
From Date   To Date
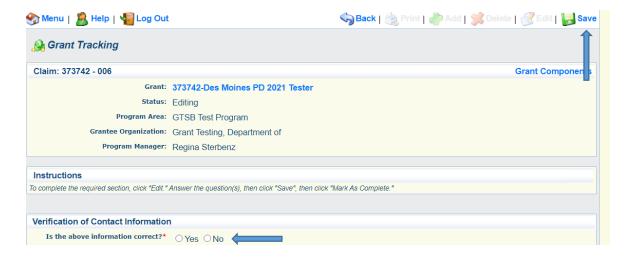
- Click **Return to Components**

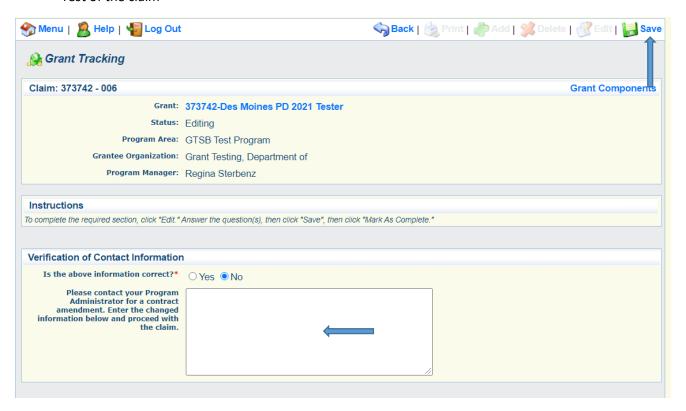- Click on **Contract Information** in the Components section

- Verify that the information listed is current and click **Edit** in the upper right hand corner

- Answer the **Verification of Contact Information** question and click on **Save** in upper right if everything is correct and you answered the question Yes.
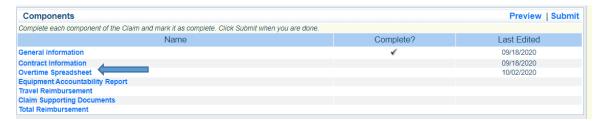
- If something is incorrect and you answer the verification question No, a text box will appear for you to enter in the correct information, along with a note that you need to contact your Program Administrator about the changes.

- Enter your changes and then click on **Save** in the upper right hand corner and proceed with the rest of the claim

- Click **Mark as Complete** on the next page

- Click on **Overtime Spreadsheet** in the Components section

- Read the **Instructions** box, then click **Edit** to answer the Overtime question yes or no

If answer is **NO**, click **Save** in upper right corner and then click **Mark as Complete**. Then click on **Equipment Accountability Report** in the table and skip to Equipment Accountability Report Instructions below

If answer is **YES**, click **Save** in upper right corner.

- If you are a **402** contract, you will enter all OT into the **Overtime for General Enforcement** box.

- If you are a **405d** contract, you will enter all of your OT in the **Overtime for Impaired Driving Enforcement** box.

- If you have a split contract, your Program Administrator will provide you with this information, and you may be entering shifts into both the 402 and the 405d Overtime boxes.

- You can locate your contract type in the gray shaded bar at the top of the screen:

- Once you know your contract type and which Overtime box you will be entering shifts into, click **Add** in the upper right corner of correct OT type box.

- Make sure to read the **TIP**. Complete the fields listed. All of the questions should look familiar until you get to the question "Total amount of overtime wages from pay stub".

  Some agency pay stubs have all of their overtime grouped together, no matter if it was OT for the agency, GTSB, etc. If this is your agency situation, make sure to enter the total number of hours off the paystub you are working from. EX: That number is 15.5 but, but you know John Doe only worked 8 hours of GTSB OT, not 15.5. It does not matter – enter 15.5 into the box.

  Other agencies have GTSB OT split out on their pay stubs and separated from any other OT type. If this is your agency situation, make sure to enter the total number of hours off the paystub you are working from.

Overtime for General Enforcement (402)

TIP: If an officer/deputy worked more than one GTSB OT shift in a given pay period, it may be easier to enter each of those shifts using the same pay stub prior to moving on to the next person.

Field	Value
Name*	John (First Name) / Doe (Last Name)
Date of Overtime Shift	10/07/2020
Shift Start Time	1400 *Enter the start time in military hours.*
Shift End Time	1800 *Enter the end time in military hours.*
Total number of overtime hours for GTSB General Enforcement worked on this date	4
Issue Date of Check	10/21/2020
Total amount of overtime wages from pay stub	385.84 *Enter the total amount of paid OT in the line item which includes the GTSB overtime. This may include non-GTSB overtime.*
Total number of overtime hours from pay stub	8 *Enter the total amount of OT hours in the line item which includes the GTSB overtime. This may include non-GTSB overtime.*
# of citations issued during this GTSB shift	6

If you need enter a partial hour, you must enter a "0" before the decimal point (ex: 30 minutes = 0.50, 45 minutes = 0.75)

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In the example above, John Does' agency groups all overtime pay into one line item. You can see above that his GTSB OT shift was only four hours long, however, in the field for Total number of overtime hours from pay stub, he worked a TOTAL of 8 overtime hours in the pay period, only four of which were GTSB time. By entering the information in this fashion, you are no longer responsible for calculating the overtime rate of pay, rounding, etc. – the form will do it for you.

When you are finished with your first entry, click **Return to Top** and then click **Save** in the upper right corner. John Doe's shift that was just entered should now appear in the electronic OT spreadsheet (see below).

Overtime — Go to Claim Forms

Is this claim requesting reimbursement for overtime?* — Yes

Overtime for General Enforcement (402) — **Add**

TIP: If an officer/deputy worked more than one GTSB OT shift in a given pay period, it may be easier to enter each of those shifts using the same pay stub prior to moving on to the next person.

Name	Last Name	Date of Overtime Shift	Shift Start Time	Shift End Time	Total number of overtime hours for **GTSB General Enforcement** worked on this date	Issue Date of Check	Total amount of overtime wages from pay stub	Total number of overtime hours from pay stub	# of citations issued during this GTSB shift	Hourly Rate of Pay	General Enforcement Reimbursement
John	Doe	10/07/2020	1400	1800	4.0 **4.00**	10/21/2020	$385.84	8.0	6	$48.23	$192.92 **$192.92**

To input additional OT shifts, click on **Add** in the corresponding OT type box and repeat the steps above, making sure to click **Save** after each shift entry. Complete this process for each OT category (402 and/or 405d) in which shifts were worked. If there were not any shifts worked in a particular category, you do not need to do anything (ex – do NOT click add and then enter zeros).

When you are finished entering in all overtime shifts for all categories, make sure to:

1. Write down your reimbursement totals for each section in which you entered OT shifts, you will need these later when completing your Total Reimbursement section of your claim.

2. If you need to edit any of your saved entries, simply click on the **blue** portion of the officer/deputy name and their shift entry will pop up in a separate window in order for you to make changes. After you have made changes, make sure to click **Return to Top** and then click **Save**.

3. When you are all finished entering shifts, click **Mark as Complete**

4. Set your paystubs aside. You will upload them later in the process.

Overtime												Mark as Complete | Go to Claim Forms

Is this claim requesting reimbursement for overtime?* Yes

Overtime for General Enforcement (402)   Add

TIP: If an officer/deputy worked more than one GTSB OT shift in a given pay period, it may be easier to enter each of those shifts using the same pay stub prior to moving on to the next person.

Name	Last Name	Date of Overtime Shift	Shift Start Time	Shift End Time	Total number of overtime hours for **GTSB General Enforcement** worked on this date	Issue Date of Check	Total amount of overtime wages from pay stub	Total number of overtime hours from pay stub	# of citations issued during this GTSB shift	Hourly Rate of Pay	General Enforcement Reimbursement
John	Doe	10/07/2020	1400	1800	4.0	10/21/2020	$385.84	8.0	6	$48.23	$192.92
Snow	White	10/10/2020	0700	1100	4.0	09/21/2020	$204.36	4.0	4	$51.09	$204.36
Mickey	Mouse	10/10/2020	1800	2300	5.0	10/21/2020	$744.15	15.0	10	$49.61	$248.05
					13.00						$645.33

Overtime for Impaired Driving Enforcement (405d)   Add

TIP: If an officer/deputy worked more than one GTSB OT shift in a given pay period, it may be easier to enter each of those shifts using the same pay stub prior to moving on to the next person.

Name	Last Name	Date of Overtime Shift	Shift Start Time	Shift End Time	Total number of overtime hours for **GTSB Impaired Driving Enforcement** worked on this date	Issue Date of Check	Total amount of overtime wages from pay stub	Total number of overtime hours from pay stub	# of citations issued during this GTSB shift	Hourly Rate of Pay	Impaired Driving Enforcement Reimbursement
					0.00						$0.00

Overtime for Educational Presentation(s) (402 or 405d)   Add

Overtime for **Educational Presentation(s)** *is reimbursed for education provided to the general public and the key messages must be related to traffic safety. This may include but is not limited to a Driver's Education class, a group of senior drivers or members of a civic club. If the agency is a 405d contract focusing on impaired driving, the education must focus on impaired driving topics.*

To begin entering GTSB overtime shifts, click **"Add"** *for a new line and click* **"Save"** *when finished. Repeat until all shifts have been entered.*

TIP: If an officer/deputy worked more than one GTSB OT shift in a given pay period, it may be easier to enter each of those shifts using the same pay stub prior to moving on to the next person.

Name	Last Name	Date Overtime Shift	Shift Start Time	Shift End Time	Total number of overtime hours for **GTSB Educational Presentation(s)** worked on this date	Issue Date of Check	Total amount of overtime wages from pay stub	Total number of overtime hours from pay stub	Hourly Rate of Pay	Educational Presentation(s) Reimbursement
Peter	Pan	10/22/2020	1900	2000	1.0	11/05/2020	$304.46	6.5	$46.84	$46.84
Daisy	Duck	10/22/2020	1900	2000	1.0	11/05/2020	$39.20	1.0	$39.20	$39.20
					2.00					$86.04

- Click on **Equipment Accountability Report** in the Components section

- Read the **Instructions** box, then click **Edit** to answer the equipment question yes or no

  If answer is **NO**, click **Save** in upper right corner and then click **Mark as Complete**. Then click on **Travel Reimbursement** in the table and skip to Travel Reimbursement Instructions below

  If answer is **YES**, click **Save** in the upper right corner.

  In the Equipment Accountability Report box, click **Add** to enter your equipment information

  Select your equipment item from the drop down menu and continue to complete each of the remaining fields.

Unit Price = When calculating this number, divide your TOTAL invoice cost by the number of pieces of equipment that you ordered (this includes shipping and any additional components to the main unit if applicable). For example, if your invoice total is $5,230.00 for 1 camera, $5,230.00 divided by 1 = $5,230.00 – this is what gets entered into the unit price field.

  Once you've answered all of the questions, click **Save** in the upper right hand corner.

Next, click on **Add** in the upper right hand corner of the Equipment Serial Number(s) box

Select your equipment items from the drop down menu and continue to complete each of the remaining fields

Grant Funds Applied = When entering this number, note that the grant funds applied cannot exceed the amount you were awarded in your contract. In the screen shot above, the camera's unit price was $5,230.00. HOWEVER, I cannot enter that same amount into my grant funds applied, because I was only awarded $4,500.00 towards the purchase of my camera.

At the other end of the spectrum, let's consider a purchase of PBTs. Pretend my calculated unit price was $385.00 per PBT. I was awarded $450.00 PER PBT. When I complete the Grant Funds Applied box for my PBT's I will ONLY enter $385.00, NOT $450.00.

When you are finished, click **Save**. If you have additional equipment on a separate invoice that you are claiming, repeat the steps above starting with clicking **Add** in the Equipment Accountability Report box above.

- When you are finished entering all pieces of equipment, write down your equipment reimbursement total.

- Click **Mark as Complete**

- Set your required documentation aside (invoice, proof of payment and pictures of equipment with serial numbers). You will upload them later in the process.

- Click on **Travel Reimbursement** in the Components section

- Read the **Instructions** box, then click **Edit** to answer the travel reimbursement question yes or no
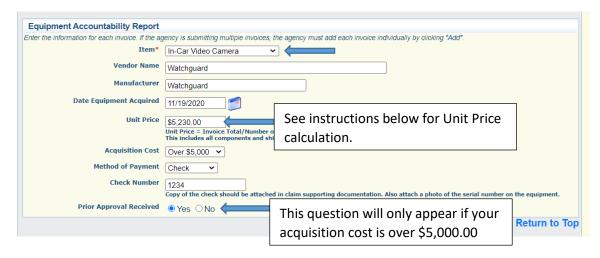

- If answer is **NO**, click **Save** in upper right corner and then click **Mark as Complete**. Then click on **Claim Supporting Documents** in the table and skip to Claim Supporting Documents instructions below.

- If answer is **YES**, click **Save** in the upper right corner

- Click **Add**

Travel									Add
First Name	Last Name	Start Training Date	End Training Date	Registration Expense	Transportation Expense	Lodging Expense	Meal Expense(s)	Miscellaneous Expense(s)	Total Expenses
									$0.00

- Enter the name traveler, dates of training and all travel expenses requested, then click **Save**. Repeat steps in order to get all travelers entered.

Menu | Help | Log Out   Back | Print | Add | Delete | Edit | Save

Grant Tracking

Claim: 373742 - 006   **Grant Components**

Grant:	373742-Des Moines PD 2021 Tester
Status:	Editing
Program Area:	GTSB Test Program
Grantee Organization:	Grant Testing, Department of
Program Manager:	Regina Sterbenz

Instructions

Click "Edit" to answer the required question, then click "Save." If answer is yes, to add multiple line items in the Travel section, click "Add". After required information is completed, click "Save". Then click "Add" if multiple lines are needed.

Travel

First Name*

Last Name

Start Training Date
Start

End Training Date
End

Registration Receipt(s) – Copies of agenda and registration receipt (not an invoice).

Registration Expense $0.00

Airline Receipt – A copy of the airline receipt showing payment was made and a copy of the flight itinerary. In addition, two cost comparison flight itineraries must be provided that verify the least expensive flight was taken. Provide quotes obtained the same day the flight taken was booked for the same or similar flight from two other airline providers. Travelers are only authorized to leave one day prior and return one day after the conference/training. If it is less expensive to depart earlier and/or return later, a detailed cost comparison must be provided.
Parking Receipt - must use lowest economy parking at the airport. If parking at a hotel, a receipt from the hotel parking lot is required.
Cab or Shuttle Receipt
Mileage Verification – Mileage is reimbursed at the State of Iowa rate at .39 cents per mile. For all mileage claimed (from worksite to/from airport or to/from the conference or training location) the agency must submit mileage verification from internet mapping source.

Transportation Expense $0.00

Lodging Receipt – An itemized receipt from the hotel showing the room rate, tax and any fees per night. The receipt must show a zero balance. A credit card receipt is not acceptable.

Lodging Expense $0.00

Meal Receipts – Must show the Actual Meal Expense for each meal per day (not the maximum the State allows). Breakfast expenses can be claimed only when leaving prior to 6:00 a.m. and dinner expenses can be claimed only when returning after 7:00 p.m. Meals provided at a conference or event are excluded. If a hotel or event provided a hot breakfast, additional breakfast expenses cannot be claimed. Receipts should include name/location of restaurant, menu items purchased, tax and tip. Alcoholic beverages cannot be reimbursed. Tips can be reimbursed at 15% of meal cost before tax

Meal Expense(s) $0.00

Checked Baggage Receipt – cannot reimburse for more than one checked baggage.

Miscellaneous Expense(s) $0.00

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- If the travel was OUT of state, you will also need to submit a Travel Report, by clicking on **Edit** in the upper right. This will open up a text box for you to type your report in.

- When you are finished typing your report, click **Save,** write down your travel reimbursement total and then click **Mark As Complete**.

If the travel was IN state, you do NOT need to submit a travel report. Write down your travel reimbursement total and click on **Mark As Complete** once you've entered all travelers and their expenses.

Set your required documentation aside (registration receipt, meal receipts, lodging receipt, etc.). You will upload them later in the process.

- Click on **Claim Supporting Documents** in the Components section

Name	Complete?	Last Edited
General Information	✓	09/18/2020
Contract Information		09/18/2020
Overtime Spreadsheet		10/02/2020
Equipment Accountability Report		
Travel Reimbursement		
Claim Supporting Documents		
Total Reimbursement		

- Reference the Instructions box to make sure you provide the required documentation for all categories in which you are claiming reimbursement for: Overtime, Equipment and Travel.

- Scan ALL of your supporting documentation and save it as ONE file.

Instructions

OVERTIME REIMBURSEMENT:
- Overtime claims must include proof of pay. This can be a pay stub or journal entry which includes two of these: OT hours paid, rate of OT pay, total OT paid.

EQUIPMENT REIMBURSEMENT:
- Equipment purchases must include invoice, proof of payment and photo showing serial number on each piece of equipment.

TRAVEL REIMBURSEMENT:
Travel claims must include the following:
- Meal Receipts – Must show the Actual Meal Expense for each meal per day (not the maximum the State allows). Breakfast expenses can be claimed only when leaving prior to 6:00 a.m. and dinner expenses can be claimed only when returning after 7:00 p.m. Meals provided at a conference or event are excluded. If a hotel or event provided a hot breakfast, additional breakfast expenses cannot be claimed. Receipts should include name/location of restaurant, menu items purchased, tax and tip. Alcoholic beverages cannot be reimbursed. Tips can be reimbursed at 15% of meal cost before tax.
- Lodging Receipt – An itemized receipt from the hotel showing the room rate, tax and any fees per night. The receipt must show a zero balance. A credit card receipt is not acceptable.
- Airline Receipt – A copy of the airline receipt showing payment was made and a copy of the flight itinerary. In addition, two cost comparison flight itineraries must be provided that verify the least expensive flight was taken. Provide quotes obtained the same day the flight taken was booked for the same or similar flight from two other airline providers. Travelers are only authorized to leave one day prior and return one day after the conference/training. If it is less expensive to depart earlier and/or return later, a detailed cost comparison must be provided.
- Parking Receipt - must use lowest economy parking at the airport. If parking at a hotel, a receipt from the hotel parking lot is required.
- Cab or Shuttle Receipt
- Registration Receipt(s) – Copies of agenda and registration receipt (not an invoice).
- Checked Baggage Receipt – cannot reimburse for more than one checked baggage.
- Mileage Verification – Mileage is reimbursed at the State of Iowa rate at .39 cents per mile. For all mileage claimed (from worksite to/from airport or to/from the conference or training location) the agency must submit mileage verification from internet mapping source.

- Click **Edit** at the top of the page

Menu | Help | Log Out   Back | Print | Add | Delete | Edit | Save

Grant Tracking

Claim: 373742 - 006	Grant Components
Grant: 373742-Des Moines PD 2021 Tester	
Status: Editing	
Program Area: GTSB Test Program	
Grantee Organization: Grant Testing, Department of	
Program Manager: Regina Sterbenz	

- Click **Add** at the top of the page

Menu | Help | Log Out   Back | Print | Add | Delete | Edit | Save

Grant Tracking

Claim: 373742 - 002	Grant Components
Grant: 373742-Des Moines PD 2021 Tester	

- Now a button named "Choose File" should appear at the bottom of the page

- Click on **Choose File**, locate your scanned file of all of your documentation and double click on it. Your file should now appear next to the Choose File button.

- In the **Description Text Box**, type "(Insert Claim Month) Claim Documentation"

- Click **Save** in the upper right hand corner at the top of the page.

- Click **Mark as Complete**

- Click on **Total Reimbursement** in the Components section

Components		Preview | Submit
Complete each component of the Claim and mark it as complete. Click Submit when you are done.		
Name	Complete?	Last Edited
General Information	✓	09/18/2020
Contract Information		09/18/2020
Overtime Spreadsheet		10/02/2020
Equipment Accountability Report		
Travel Reimbursement		
Claim Supporting Documents		
Total Reimbursement		

- This is where you will reference your category totals that you wrote down as you worked through your claim. Enter each total into its respective box in column 2 titled **Expenses This Period**. Do NOT enter any of your totals into column 7 titled Match this Period.

THE TOTAL YOU ENTER INTO COLUMN 2 FOR A GIVEN CATEGORY CANNOT EXCEED THE AMOUNT YOU WERE AWARDED (SEE COLUMN 1 – APPROVED BUDGET). LIKEWISE, IF THE TOTAL IS LESS THAN THE AMOUNT YOU WERE AWARDED, THE MAXIMUM REIMBURSEMENT AMOUNT IS THE TOTAL ALLOWABLE AMOUNT PAID BY THE AGENCY FOR THAT LINE ITEM.

For example, the camera purchased in the equipment section of these instructions actually cost $5,230.00. However, when the total reimbursement section for the camera was entered into column 2, only $4,500.00 is entered because that is the maximum amount in which the agency was awarded for the camera (see column 1).

This same concept applies to all line items in your budget.

Menu | Help | Log Out   Back | Print | Add | Delete | Edit | Save

Grant Tracking

Claim: 374603 - 001   Grant Components

Grant:	374603-Mayberry Police Department
Status:	Editing
Program Area:	GTSB Test Program
Grantee Organization:	Grant Testing, Department of
Program Manager:	Regina Sterbenz

Total Reimbursement

Budget Category	1 Approved Budget	2 Expenses This Period	3 Paid Claims	4 Total Claimed (All Statuses)	5 Unclaimed Balance (1-4)	6 Contract Match	7 Match This Period	8 Match Expensed	9 Remaining Match Requirement (6-8)	10 Match Percentage
Project Budget										
OT Enforcement Hours	$55,000.00	645.33	$0.00	$0.00	$55,000.00	$0.00	$0.00	$0.00	$0.00	--
OT Educational Presentations	$700.00	86.04	$0.00	$0.00	$700.00	$0.00	$0.00	$0.00	$0.00	--
Program training-related travel	$1,000.00	1000.00	$0.00	$0.00	$1,000.00	$0.00	$0.00	$0.00	$0.00	--
Handheld Radar (Max. $1,000 each)	$1,000.00	$0.00	$0.00	$0.00	$1,000.00	$0.00	$0.00	$0.00	$0.00	--
Moving Radar (Max. $1,500 each)	$3,000.00	$0.00	$0.00	$0.00	$3,000.00	$0.00	$0.00	$0.00	$0.00	--
Lidar (laser radar) (Max. $3,000 each)	$3,000.00	$0.00	$0.00	$0.00	$3,000.00	$0.00	$0.00	$0.00	$0.00	--
In-car Video Camera (Max. $4,500 each)	$4,500.00	4500.00	$0.00	$0.00	$4,500.00	$0.00	$0.00	$0.00	$0.00	--
PBT (Max. $450 each)	$900.00	385.00	$0.00	$0.00	$900.00	$0.00	$0.00	$0.00	$0.00	--

- Click on **Save** when you are finished entering all of your reimbursement totals.

- The next screen displays your claim total (bottom of column 2). If you need to change a total that you entered, click on **Edit** in the upper right hand corner, make your change(s) and then click on **Save** in the upper right hand corner.

Menu | Help | Log Out   Back | Print | Add | Delete | Edit | Save

Grant Tracking

Claim: 375962 - 003	Grant Components

Grant:	375962-Teamville
Status:	Editing
Program Area:	GTSB Test Program
Grantee Organization:	Grant Testing, Department of
Program Manager:	Sheri Lyn Krohn

Total Reimbursement   Go to Claim Forms

Budget Category	1 Approved Budget	2 Expenses This Period	3 Paid Claims	4 Total Claimed (All Statuses)	5 Unclaimed Balance (1-4)	6 Contract Match	7 Match This Period	8 Match Expensed	9 Remaining Match Requirement (6-8)	10 Match Percentage

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Menu | Help | Log Out   Back | Print | Add | Delete | Edit | **Save**

Grant Tracking

Claim: 375962 - 003	Grant Components

Grant:	375962-Teamville
Status:	Editing
Program Area:	GTSB Test Program
Grantee Organization:	Grant Testing, Department of
Program Manager:	Sheri Lyn Krohn

Total Reimbursement

Budget Category	1 Approved Budget	2 Expenses This Period	3 Paid Claims	4 Total Claimed (All Statuses)	5 Unclaimed Balance (1-4)	6 Contract Match	7 Match This Period	8 Match Expensed	9 Remaining Match Requirement (6-8)	10 Match Percentage
Project Budget										
OT Enforcement Hours	$65,000.00	$0.00	$0.00	$1,393.90	$63,606.10	$0.00	$0.00	$0.00	$0.00	.00%
OT Educational Presentations	$25,000.00	$0.00	$0.00	$0.00	$25,000.00	$0.00	$0.00	$0.00	$0.00	--
Program training-related travel	$2,000.00	$0.00	$0.00	$0.00	$2,000.00	$0.00	$0.00	$0.00	$0.00	--
Handheld Radar (Max. $1,000 each)	$3,000.00	$0.00	$0.00	$0.00	$3,000.00	$0.00	$0.00	$0.00	$0.00	--
Moving Radar (Max. $1,500 each)	$3,000.00	$0.00	$0.00	$0.00	$3,000.00	$0.00	$0.00	$0.00	$0.00	--
Lidar (laser radar) (Max. $3,000 each)	$3,000.00	$0.00	$0.00	$0.00	$3,000.00	$0.00	$0.00	$0.00	$0.00	--
Speed trailer (Max. $4,500 each)	$4,500.00	$0.00	$0.00	$0.00	$4,500.00	$0.00	$0.00	$0.00	$0.00	--
In-car Video Camera (Max. $4,500 each)	$4,500.00	$0.00	$0.00	$0.00	$4,500.00	$0.00	$0.00	$0.00	$0.00	--
PBT (Max. $450 each)	$2,000.00	$0.00	$0.00	$430.00	$1,570.00	$0.00	$0.00	$0.00	$0.00	.00%
Fatal Vision Goggle Kit (Max. $850 each)	$850.00	$0.00	$0.00	$0.00	$850.00	$0.00	$0.00	$0.00	$0.00	--

- When it all looks good, click on **Mark as Complete**.

Budget Category	1 Approved Budget	2 Expenses This Period	3 Paid Claims	4 Total Claimed (All Statuses)	5 Unclaimed Balance (1-4)	6 Contract Match	7 Match This Period	8 Match Expensed	9 Remaining Match Requirement (6-8)	10 Match Percentage
Total Reimbursement									Mark as Complete | Go to Claim Forms	
Project Budget										
OT Enforcement Hours	$55,000.00	$645.33	$0.00	$645.33	$54,354.67	$0.00	$0.00	$0.00	$0.00	.00%
OT Educational Presentations	$700.00	$86.04	$0.00	$86.04	$613.96	$0.00	$0.00	$0.00	$0.00	.00%
Program training-related travel	$1,000.00	$1,000.00	$0.00	$1,000.00	$0.00	$0.00	$0.00	$0.00	$0.00	.00%
Handheld Radar (Max. $1,000 each)	$1,000.00	$0.00	$0.00	$0.00	$1,000.00	$0.00	$0.00	$0.00	$0.00	--
Moving Radar (Max. $1,500 each)	$3,000.00	$0.00	$0.00	$0.00	$3,000.00	$0.00	$0.00	$0.00	$0.00	--
Lidar (laser radar) (Max. $3,000 each)	$3,000.00	$0.00	$0.00	$0.00	$3,000.00	$0.00	$0.00	$0.00	$0.00	--
In-car Video Camera (Max. $4,500 each)	$4,500.00	$4,500.00	$0.00	$4,500.00	$0.00	$0.00	$0.00	$0.00	$0.00	.00%
PBT (Max. $450 each)	$900.00	$385.00	$0.00	$385.00	$515.00	$0.00	$0.00	$0.00	$0.00	.00%
Total:	$69,100.00	$6,616.37	$0.00	$6,616.37	$62,483.63	$0.00	$0.00	$0.00	$0.00	.00%
									Last Edited By: GTSB Tester2, 09/24/2020	

- You will not be able to submit your claim until there is a check mark in the Complete? column for each of the listed components (see below).

- Once you click submit, all sections of your claim will be locked and you will not be able to make any changes to them.

- If you need to make a change in a particular section prior to clicking submit, simply click on the blue words of the component in which you need to edit. That section will then appear, reference section instructions above for how to add, save and mark as complete.

- Click **Submit** when you are ready to lock and submit your reimbursement claim.

IowaGrants.gov

Menu | Help | Log Out   Back | Print | Add | Delete | Edit | Save

Grant Tracking

Claim: 374603 - 001	Grant Components
Grant: 374603-Mayberry Police Department	
Status: Editing	
Program Area: GTSB Test Program	
Grantee Organization: Grant Testing, Department of	
Program Manager: Regina Sterbenz	

Components   Preview | Submit

Complete each component of the Claim and mark it as complete. Click Submit when you are done.

Name	Complete?	Last Edited
General Information	✓	09/22/2020
Contract Information	✓	09/22/2020
Overtime Spreadsheet	✓	09/23/2020
Equipment Accountability Report	✓	09/23/2020
Travel Reimbursement	✓	09/23/2020
Claim Supporting Documents	✓	09/24/2020
Total Reimbursement	✓	09/24/2020

- If there are no further edits to this form, click **OK**

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Submitting the Status Report will lock all sections from further editing.
Have you completed all sections? Are you sure you are ready to submit
this Status Report?

OK   Cancel

Once you see the screen below, you will know that your submission was successful and your Program Administrator has been notified of your submission.

Status Report Submitted Confirmation

You have successfully submitted your Status Report with Status Report ID [377557]. Grantor has received your Status Report for evaluation. You can return to the Grant forms by clicking **here**